



Deferred Compensation One-Time Deferral Form

Employee Name:	Employee Number:
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Deferred Compensation Company – please check the one you wish to change

- ☐ MNDCP (Minnesota Deferred Compensation Plan)
- ☐ Nationwide
- ☐ Lincoln
- ☐ ICMA-RC

One-Time Deferral Amount

- ☐ Amount \$ _____
- ☐ Percentage _____ %

Pay Date for the deduction to occur: _____

I understand that this is a one-time deferral request and will not be used to change my ongoing salary deferral contributions. It is my responsibility to ensure my deferrals do not exceed IRS annual limits.

Employee signature:	Date:
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Return completed form to:
Auditor's Office – Payroll
100 N 5th Ave W, Room 201
Duluth, MN 55802
Or
benefitforms@stlouiscountymn.gov